

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003  
(No. 4944, Forest Park Blk. St. Ward)

File No. 25192  
Registered No. 6619

2. FULL NAME

(a) Residence, No. 4944 Forest Park Blk. St. 17 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. A. Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1877  
7. AGE YEARS 56 MONTHS 1 DAYS 0  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME William Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Wm. A. Jones  
(ADDRESS) 4944 Forest Park Blk.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 6619 DATE Aug 1, 1933

19. UNDERTAKER Anthony J. Womack 21. Co.  
(ADDRESS) 3540 Forest Park Blk.

20. FILED JUL 31 1933 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to June 19, 1933  
I last saw her alive on June 19, 1933. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Hypertension with  
Chronic Myocarditis &  
Cardiac Dilatation  
Other contributory causes of importance:  
Hepatitis chronic  
Date of onset Oct. 1932  
Name of operation  
What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Fred Kramer, M. D.  
(Address) 634 W. Grand

634 71 Grand

Je 9727